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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>181</u>	
or _____		County Registrar No. <u>471</u>	
City of _____		Local Registrar No. _____	
No. <u>Warrior Siding</u>		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Harry Alvin Paynter</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>July 22, 1913</u>	
		Month _____ Day _____ Year _____	
8. FATHER Full name <u>Harry Paynter</u>		14. MOTHER Full maiden name <u>Mabel Vera Moore</u>	
9. Residence (Usual place of abode) <u>Kirwin Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
If nonresident, give place and state <u>Kansas</u>		If nonresident, give place and state _____	
18. Color or race <u>White</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Kirwin</u> (State or country) <u>Kansas</u>		18. Birthplace (city or place) <u>West Plains</u> (State or country) <u>Missouri</u>	
13. Occupation <u>Water tender Power house</u> Nature of industry <u>Copper Smelter</u>		19. Occupation <u>Housewife</u> Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:05 a.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. J. Miller</u> (Physician or midwife)	
Address <u>Miami, Arizona</u>			
Given name added from a supplemental report _____		Filed <u>July 31, 1913</u> <u>P. E. Davis</u> Local Registrar.	
Month, day, year. _____		Filed <u>8/3, 1913</u> <u>P. E. Davis</u> County Registrar.	
Registrar. _____			

479-722-445